

Complete the incident report form below or file online: bit.ly/HabitatIncidentReport

SECTION 1: INFORMATION

Date & Time of Incident (MM-DD-YYYY) (hh:mm AM/PM)	
Trip Code	
Team Leader's Full Name, email address, phone	
Impacted Team Member(s)	

SECTION 2: TYPE OF INCIDENT (*check all that apply*)

<input type="checkbox"/> Incident did not result in an injury (near miss) [If checked, disregard Section 5.]
<input type="checkbox"/> Minor injury/illness (not life threatening; does not require hospital attention; can be treated on site or at local clinic)
<input type="checkbox"/> Serious injury/illness (requires hospital attention)
<input type="checkbox"/> Catastrophic event (disruption caused by weather, natural disaster, terrorism, war that pose a threat to team members)
<input type="checkbox"/> Assault, arrest, vehicular accident, vandalism, theft/robbery (all require filing of a police report; submit copy to sending coordinator)

SECTION 3: ACTIVITY AT TIME OF INCIDENT (*check one*)

<input type="checkbox"/> Building (on build site)	<input type="checkbox"/> Cultural/Community Activity
<input type="checkbox"/> Traveling to/from build site, lodgings, airport	<input type="checkbox"/> Personal Time

SECTION 4: DESCRIPTION OF INCIDENT

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SECTION 5: OUTCOME (*answer only the questions that apply*)

Was first aid/medical assistance provided on site? YES ☐ NO ☐

Was volunteer taken to a medical facility? YES ☐ NO ☐

Was travel assistance provider called? YES ☐ NO ☐

Were expenses incurred? YES ☐ NO ☐